

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000083720	
1. Entity Name W. MAYBEE INC.	

Principal Place of Business 5435 WASHINGTON ROAD DELRAY BEACH, FL 33484	Mailing Address 5435 WASHINGTON ROAD DELRAY BEACH, FL 33484
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02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0700984	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPiegel & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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7. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when submitting)

FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYBEE, WILLIAM H 5435 WASHINGTON ROAD DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAYBEE, MICHAEL S 5435 WASHINGTON ROAD DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAYBEE, KATHY S 5435 WASHINGTON ROAD DELRAY BEACH, FL 33484
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/10/05-80043-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William H. Maybee 2/6/05 561-7026048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #